



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036	Client Name O. H. Metals	Location 1002 Oswego, ST. Utica, N.Y.	Date 3/31/87						
Facility Equipment 1/1	Detect Clock No. -	Weapon No. -	Holster -	Nightstick -	Raincoat 1/1	Flashlight 1/1	Other 3 keys, Log Book + Phone		
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) Kenneth Felix		Officer—Swing Shift (Name) R. Deslery		Officer—Grave Shift (Name) Duck Kokoszki			
Shift Began 8 AM Ended 4 PM		Shift Began 4 AM Ended 12 PM		Shift Began 12 AM Ended 8 AM					
Observations or actions taken	Yes	No	Explanation	Yes	No	Explanation	Yes	No	Explanation
Rounds or stations missed		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Unlocked vaults or safes		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Fire-smoke-or hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
2. Sprinkler system defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
4. Rubbish accumulation		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
5. Motors running		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
6. Lights left burning		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		As required	<input checked="" type="checkbox"/>		LIGHTS OFF AT 6:07 AM
Injury hazards		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		see Below	<input checked="" type="checkbox"/>		
Visitors		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Trespassing		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Violation of company rules		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Remarks LEFT (1) FLASHLIGHT RECHARGEABLE, Raincoat picked up old flashlight → and old Raincoat. (CP)									

IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.

1. Were you injured during this tour?	Day Shift	1.	2.	3.	Swing Shift	1.	2.	3.	Grave Shift	1.	2.	3.
Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
2. Did you suffer any illness?	Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3. Have you reported all accidents coming to your attention?	Yes	<input checked="" type="checkbox"/>	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Signatures	1.	Kenneth Felix			1.	R. Deslery			1.	Duck Kokoszki		
Signatures	2.				2.				2.			
Signatures	3.				3.				3.			

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